

FISCAL NOTE

HB 1446 - SB 1988

April 1, 2007

SUMMARY OF BILL: Prohibits each licensed healthcare facility from requiring uninsured patients pay for services in amounts exceeding 100% of the average commercial health insurance reimbursement for the services provided.

ESTIMATED FISCAL IMPACT:

Increase State Expenditures – Not Significant

Assumptions:

- “Average health insurance reimbursement” means the average of (A) the highest reimbursement for the service permitted under a contract between the provider and a commercial health insurance company; and (B) the lowest reimbursement for the service permitted under a contract between the provider and a commercial health insurance company.
- “Healthcare facility” means a hospital, ambulatory surgical center, or outpatient diagnostic center.
- “Uninsured patient” means a person with no public or private source of payment for medical services, including without limitation, Medicare, TennCare, a contract of insurance, an employer-sponsored health plan, or other enforceable obligation under which a person is responsible for payment for healthcare services provided to the patient.
- T.C.A. 68-11-262 is identical to this bill except that the limitation is set at 150% of the average commercial health insurance reimbursement for the services provided.
- According to the Department of Health, there is no fiscal impact to the department as a result of this bill.
- The increase to state expenditures for this change in statute is estimated to be not significant.

CERTIFICATION:

This is to duly certify that the information contained herein is true and correct to the best of my knowledge.

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A handwritten signature in black ink, reading "James W. White". The signature is written in a cursive style with a large, stylized "J" and "W".

James W. White, Executive Director